



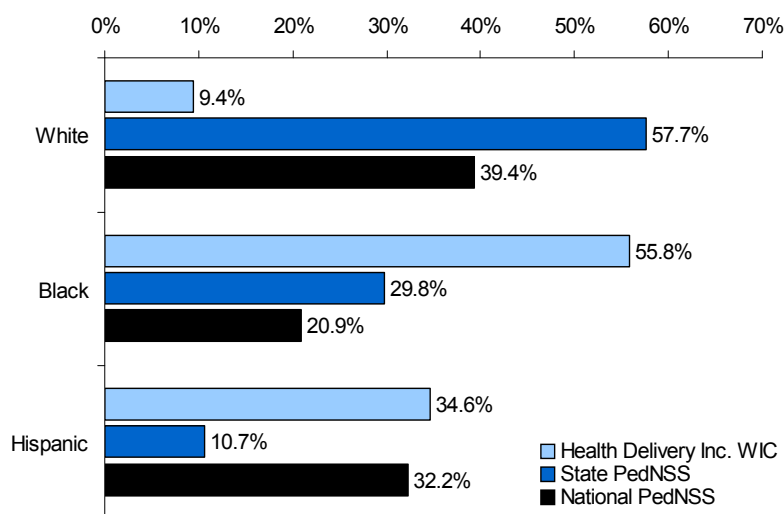
## 2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Health Delivery Inc., operates in six counties in Michigan: Arenac, Bay, Lapeer, Macomb, Saginaw, and St. Clair counties. Based on data from the 2000 Census, 6.5% of the residents in the area served by Health Delivery, Inc. were under the age of five years old and 12.0% of those children lived below poverty. In 2003, the agency served approximately 2,549 participants under the age of five years old, 1.1% of all children in Michigan WIC. PedNSS information about children in WIC that are served by Health Delivery Inc., revealed:

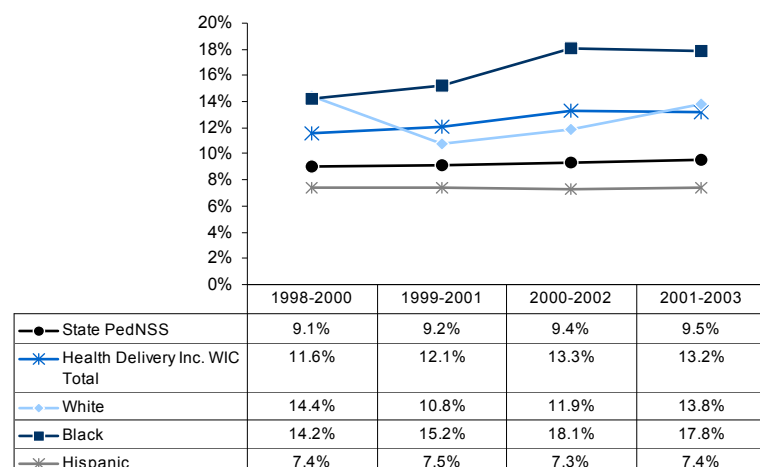
- 13.2% of infants in Health Delivery Inc. were low birthweight and an additional 6.2% of infants were high birthweight;
- The prevalence of short stature among Black infants and children of under the age of two years old was almost four times higher than the prevalence among Black children two to five years old: 12.4% versus 3.6%;
- 2.3% of infants and children under five years old were underweight and 30.9% of children two to five years old were either overweight or at risk of overweight;
- Approximately one in five Black infants and children under five years old (23.2%) and infants and children under the age of two years old (22.9%) had iron deficiency anemia;
- 39.4% of infants were ever breastfed and 12.6% were breastfed to six months of age.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



Non-Hispanic Black and Hispanic infants and children account for 90.4% of the infants and children under the age of five years old in Health Delivery Inc.

Figure 2. Trend in **low birthweight\*** by race/ethnicity among infants in the Health Delivery Inc. WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight among Black infants increased an average of 8.2% per year since 1998.

\*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Trend in **ever breastfed** by race/ethnicity among infants in the Health Delivery Inc. WIC Agency, 1998-2003 PedNSS

Since 1998 the prevalence of infants ever breastfed increased on average by 2.0% per year among Hispanic infants and 1.1% per year among Black infants in Health Delivery Inc WIC.

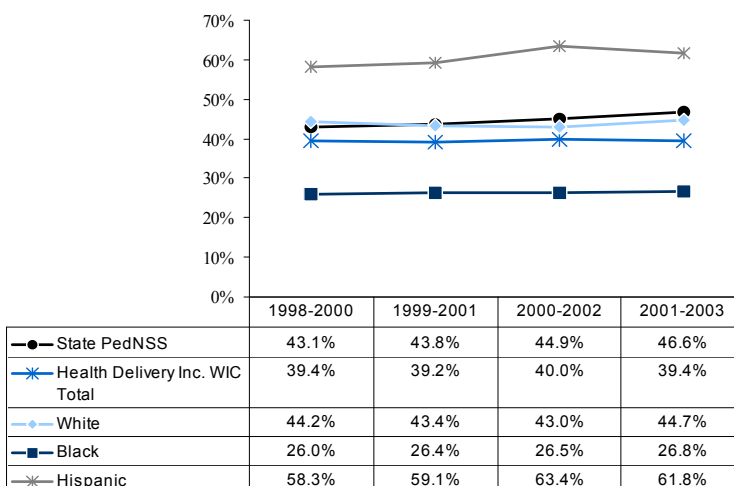
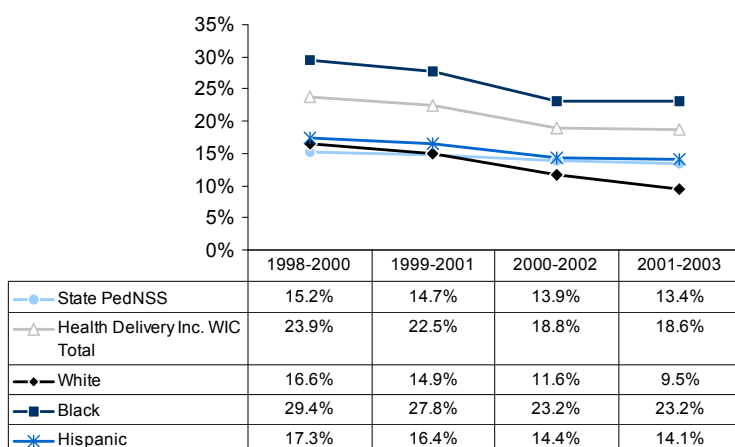


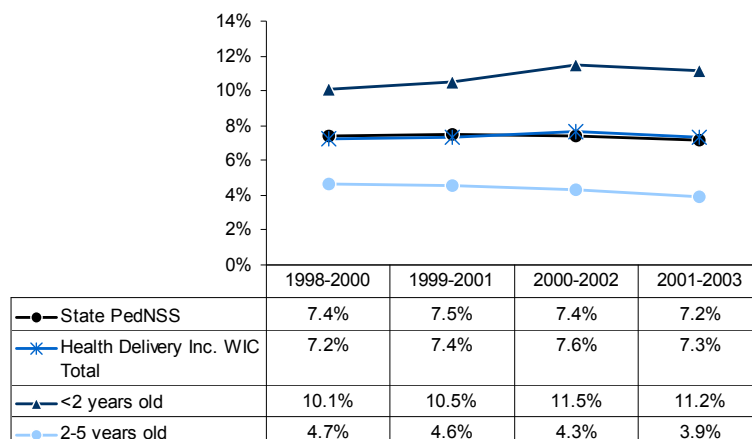
Figure 4. Average prevalence of **iron deficiency anemia\*** by race/ethnicity among infants and children under five years old, 2001-2003 PedNSS



Compared to their state peers, both Black and Hispanic infants and children under five years old of Health Delivery Inc. WIC had a higher prevalence of iron deficiency anemia.

\*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

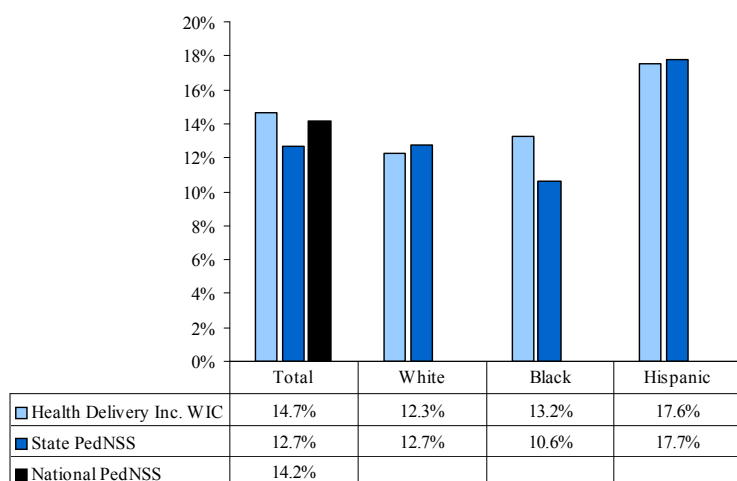
Figure 5. Trend in **short stature\*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



\*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The trend in short stature increased an average of 3.5% per year among Health Delivery Inc. WIC infants and children under the age of two years old.

Figure 6. Average prevalence of **overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS

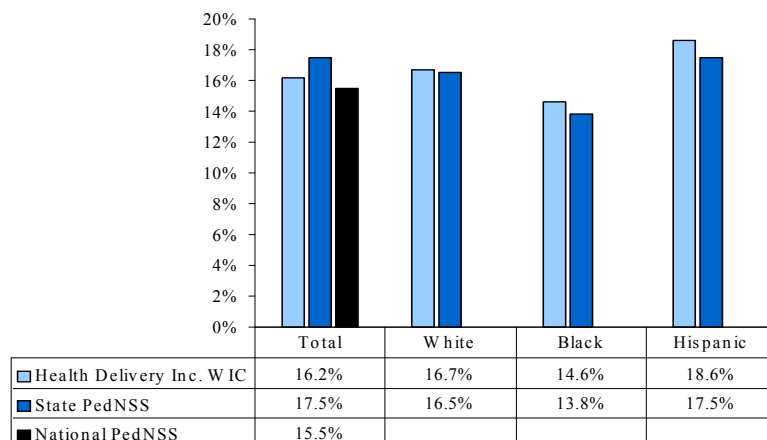


\*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Hispanic children two to five years old at both the local and state level had a prevalence of overweight higher than that of other race/ethnicities.

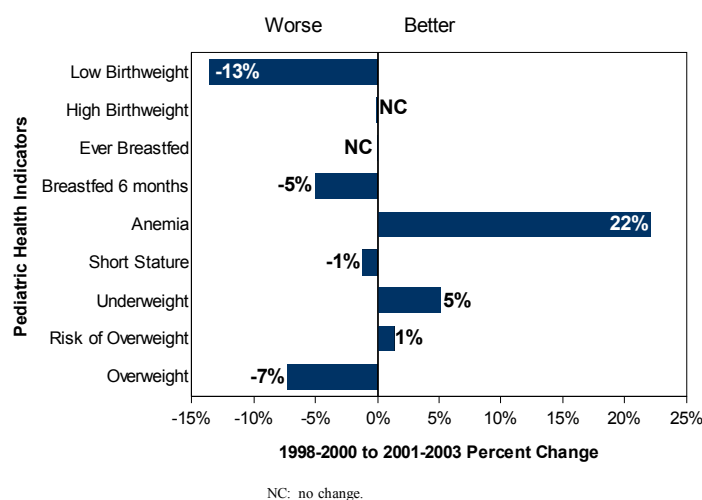
The prevalence of risk of overweight ranged from 14.6% among Black children in Health Delivery Inc. to 18.6% among the agency's Hispanic children.

Figure 7. Average prevalence of **risk of overweight\*** by race/ethnicity among children two to five years old, 2001-2003 PedNSS



\*Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Health Delivery Inc. WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



The greatest progress observed in Health Delivery Inc. WIC participants was a 22% decline in the prevalence of iron deficiency anemia.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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## Michigan Department of Community Health

### WIC Program

#### Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.